RULE

Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing

Children's Respite Care Centers Licensing
(LAC 48:I.Chapter 80)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing hereby adopts LAC 48:I.Chapter 80 as authorized by R.S. 40:2175.11-2175.15. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 48
PUBLIC HEALTHCGENERAL
Part I. General Administration
Subpart 3. Licensing and Certification
Chapter 80. Children's Respite Care Centers
Subchapter A. General Provisions
§8001. Definitions

Activities of Daily Living (ADL's) the following functions or tasks performed either independently or with supervision or assistance:

1. mobility;
2. transferring;
3. walking;
4. grooming;
5. bathing;
6. dressing and undressing;
7. eating;
8. toileting.

Advance Directives an instruction given to the patient's family (see definition of family) such as a durable power of attorney for health care, a directive pursuant to patient self-determination initiatives, a living will, or an oral directive which either states a person's choices for medical treatment, or in the event the person is unable to make treatment choices, designates who shall make those decisions.

Attending/Primary Physician a person who is a doctor of medicine or osteopathy fully licensed to practice medicine in the state of Louisiana, who is designated by the patient as the physician responsible for his/her medical care.

Bereavement Services organized services provided under the supervision of a qualified professional to help the family cope with death related grief and loss issues. This is to be provided for at least one year following the death of the patient.

Branch a location or site from which a children's respite care center (CRCC) agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the parent CRCC agency and is located within a 50-mile radius of the parent agency and shares administration and supervision.

Bureau the Bureau of Health Services Financing of the Department of Health and Hospitals.

Care Giver the person whom the patient designates to provide his/her emotional support and/or physical care.

Children's Respite Care Center (CRCC) an autonomous, centrally administered, pediatric medical respite program providing a continuum of home, outpatient, and homelike inpatient care for children living with life-limiting illnesses and their families. The CRCC employs an interdisciplinary team to assist in providing palliative and supportive care combined with curative treatment to meet the special needs arising out of physical, emotional, spiritual, social, and economic stresses experienced during life-limiting illnesses as well as during dying and bereavement if a cure is not attained.

Contracted Services services provided to a CRCC provider or its patients by a third party under a legally binding agreement that defines the roles and responsibilities of the CRCC and service provider.

Core Services medical respite program services, nursing services, physician services, social work services, counseling services, including bereavement counseling, pastoral counseling, and any other counseling services provided to meet the needs of the individual and family, and support services including trained volunteers. These services must be provided by employees of the CRCC, through contracted services and/or volunteers.

CRCC Premises the physical site where the CRCC maintains staff to perform administrative functions, maintains personnel records, maintains client service records, provides a homelike environment for inpatient respite care, and holds itself out to the public as being a location for receipt of client referrals.

CRCC Services a coordinated program of a continuum of care to children with life-threatening conditions, their families and caregivers, which allows access to palliative care while continuing with aggressive and curative treatment from the time of admission through bereavement, in the child's home, at the CRCC, and/or in medical facilities.

Department the Department of Health and Hospitals (DHH).

Discharge the point at which the patient's active involvement with the CRCC program is ended and the program no longer has active responsibility for the care of the patient.

Do Not Resuscitate Orders orders written by the patient's physician which stipulate that in the event the patient has a cardiac or respiratory arrest, no cardiopulmonary resuscitation will be initiated or carried out.

Emotional Support counseling provided to assist the individual and/or family in coping with stress, grief, and loss.

Employee an individual whom the CRCC pays directly for services performed on an hourly or per visit basis and the CRCC is required to issue a form W-2 on his/her behalf. If a contracting service or another agency pays the individual, and is required to issue a form W-2 on the individual's behalf, or the individual is self-employed, the individual is not considered a CRCC employee. An individual is also considered a CRCC employee if the individual is a volunteer under the jurisdiction of the CRCC.

Family a group of two or more individuals related by ties of blood, legal status, or affection who consider themselves a family.

Geographic Area the area around the location of a licensed agency which is within a 50-mile radius of the agency premises. Each CRCC must designate the geographic area in which the agency will provide services.

Governing Body the person or group of persons that assumes full legal responsibility for determining, implementing and monitoring policies governing the CRCC's total operation. The governing body must designate an individual who is responsible for the day-to-day management of the CRCC program, and must also insure that all services provided are consistent with accepted standards of practice. Written minutes and attendance of governing body meetings are to be maintained.

Home a person's place of residence.

Informed Consent a documented process in which information regarding the potential and actual benefits and risks of a given procedure or program of care is exchanged between provider and patient/family.

Inpatient Services care available for treatment, pain control, symptom management and/or respite purposes that are provided in a participating facility.

Interdisciplinary Team (IDT) an interdisciplinary group designated by the CRCC, composed of representatives from all the core services. The *IDT* must include at least a doctor of medicine or osteopathy, a registered nurse, a social worker, and a pastoral or other counselor. The *interdisciplinary team* is responsible for:

1. participation in the establishment of the plan of care;
2. provision or supervision of CRCC care and services;
3. periodic review and updating of the plan of care for each individual receiving CRCC care; and
4. establishment of policies governing the day-to-day provision of CRCC care and services.

License (CRCC) a document permitting an organization to provide children's respite care for a specific period of time under the rules and policies set forth by the state of Louisiana.

Life-Limiting Illness—a medical prognosis of limited expected survival because of ailment, illness, disease, or misfortune including, but not limited to:

1. injury;
2. accident;
3. cancer;
4. heart disease; and
5. congenital and chronic obstructive pulmonary disease.

Medical Director a person who is a doctor of medicine or osteopathy, currently and legally authorized to practice medicine in the state of Louisiana who will:

1. serve as a consultant to the interdisciplinary team;
2. write orders in the event of an emergency in which the child's primary physician cannot be reached; and
3. attend monthly IDT meetings.

Medical Respite Care the temporary care and supervision of a child living with a life-limiting illness so that the primary caregiver can be relieved of such duties. Such services may be performed in the home of the child or in a facility owned or leased by the children's respite care center.

Medical Social Services includes:

1. a comprehensive psychosocial assessment;
2. ongoing support for the patient and family; and
3. assistance with coping skills, anticipatory grief, and grief reactions.

Non-Core Services services provided directly by the CRCC employees, under arrangement, or through referral which include, but are not limited to:

1. home health aide;
2. physical therapy services;
3. occupational therapy services;
4. speech-language pathology services;
5. in-patient care for pain control and symptom management and respite purposes; and
6. medical supplies and appliances, including drugs and biologicals.

Palliative Care the reduction or abatement of pain or other troubling symptoms by appropriate coordination of the

interdisciplinary team required to achieve needed relief of distress.

Pastoral Services providing the availability of clergy as needed to address the patient's/family's spiritual needs and concerns.

Pediatric birth through age 20.

Plan of Care (POC) a written document established and maintained for each individual admitted to a CRCC program. Care provided to an individual must be in accordance with the plan. The plan includes an assessment of the individual's needs and identification of the services including the management of discomfort and symptom relief.

Representative a person authorized under state law to act on behalf of an individual.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:443 (February 2005).

§8003. Licensing

A. An application packet shall be obtained from the Department of Health and Hospitals (department or DHH). A completed application packet for a CRCC facility shall be submitted to and approved by DHH prior to an applicant providing CRCC services.

B. It shall be unlawful to operate or maintain a CRCC without first obtaining a license from the department. The Department of Health and Hospitals is the only licensing agency for CRCC in the state of Louisiana.

C. A separately licensed CRCC shall not use a name which is substantially the same as the name of another CRCC licensed by the department unless the applicant is part of a corporation or is chain affiliated.

D. The licensing agency shall have authority to issue two licenses as described below.

1. Full license is issued only to those applicants that are in substantial compliance with all applicable federal, state, and local laws, regulations, and policies. The license shall be valid until the expiration date shown on the license.

2. Provisional license is issued to those existing licensed applicants which do not meet the criteria for full licensure. The license shall be valid for six months or until the termination date stated on such license.

a. An agency with a provisional license may be issued a full license if at the follow-up survey the applicant has corrected the violations. A full license will be issued for the remainder of the year until the CRCC's license anniversary date.

b. DHH may re-issue a provisional license or initiate licensing revocation of a provisional license when the CRCC fails to correct violations within 60 days of being cited, or at the time of the follow-up survey, whichever occurs first.

c. A provisional license may be issued by DHH for the following nonexclusive reasons:

i. the applicant has more than five violations of CRCC regulations during one survey;

ii. the applicant has more than three valid complaints in a one-year period;

iii. there is a documented incident that places a patient at risk;

iv. the applicant fails to correct violations within 60 days of being cited, or at the time of a follow-up survey, whichever occurs first;

v. the applicant has an inadequate referral base, other than at the time of the initial survey for licensure, has less than 10 new patients admitted since the last annual survey;

vi. the applicant fails to submit assessed fees after notification by DHH; or

vii. there is documented evidence that the applicant has bribed, or harassed any person to use the services of any particular CRCC agency.

E. The current license shall be displayed in a conspicuous place inside the CRCC program office at all times. A license shall be valid only in the possession of the CRCC to which it is issued and for only that particular physical address. A license shall not be subject to sale, assignment, or other transfer, voluntary or involuntary. A license shall not be valid for any CRCC other than the CRCC for which originally issued.

F. All requirements of the application process shall be completed by the applicant before the application will be processed by DHH. No application will be reviewed until payment of the application fee.

1. The applicant, with the exception of the demonstration model, must become fully operational and prepared for an initial survey within 90 days after payment of the application fee. If the agency is unable to do so, the application shall be considered closed and the agency shall be required to submit a new application packet, including fees.

2. An initial applicant shall, as a condition of licensure, submit:

a. a complete and accurate CRCC application packet. (This packet shall be purchased from DHH which contains the forms required for initial CRCC licensure. The fee for this packet shall be set by DHH.) The physical address provided on the application must be the physical address from which the applicant will be operating;

b. current licensing fee (as established by statute) by certified check, company check, or money order;

c. documentation of qualifications for the administrator and director of nursing. Any changes in the individuals designated or in their qualifications must be submitted to and approved by DHH prior to the initial survey;

d. disclosure of any financial and/or familial relationship with any other entity receiving third party payor funds, or any entity which has previously been licensed in Louisiana;

e. approval for occupancy from the Office of the State Fire Marshal;

f. approval of plan review from the DHH's Division of Engineering and Architectural Services; and

g. a recommendation for licensure from the Office of Public Health.

G. All CRCCs required to be licensed by the law shall comply with the rules, established fire protection standards, and enforcement policies as promulgated by the Office of State Fire Marshal. It shall be the primary responsibility of the Office of State Fire Marshal to determine if applicants are complying with those requirements. No license shall be

issued or renewed without the applicant furnishing a certificate from the Office of State Fire Marshal stating that the applicant is complying with their provisions. A provisional license may be issued to the applicant if the Office of State Fire Marshal issues the applicant a conditional certificate.

H. All CRCCs required to be licensed by the law shall comply with the applicable rules and regulations contained in the Louisiana State Sanitary Code [Title 51 of the *Louisiana Administrative Code* (LAC 51)] as promulgated by the Office of Public Health. It shall be the primary responsibility of the Office of Public Health to determine if applicants are complying with those requirements. If a nursing facility published rule conflicts with this Chapter 80, the stricter of the two rules shall govern. No initial license shall be issued without the applicant furnishing a copy of the LHS-48 (Institution Report) form from the Office of Public Health stating that the applicant is complying with their provisions and is recommended for licensure. A provisional license may be issued to the applicant if the Office of Public Health issues the applicant a conditional certificate.

I. Construction documents (plans and specifications) are required to be submitted and approved by the Louisiana State Fire Marshal, the DHH's Division of Engineering and Architectural Services, and the Office of Public Health as a part of the licensing procedure and prior to obtaining a license.

1. Submission of Plans

a. The following documents shall be submitted for review and approval prior to construction:

i. one set of the final construction documents shall be submitted to the Louisiana State Fire Marshal for approval. The Fire Marshal's letter of approval and final inspection shall be sent to DHH's Division of Engineering and Architectural Services;

ii. one set of the final construction documents (plans and specifications) shall be submitted to the Louisiana Department of Health and Hospitals, Division of Engineering and Architectural Services, along with the appropriate review fee, and a plan review application form for approval; and

iii. one set of the final construction documents (plans and specifications) shall be submitted to the Office of Public Health for any ancillary facilities associated with the project including, but not limited to, plans and specifications for any food service facilities, swimming/treatment pools, water supply system (such as a facility's own water well/surface water treatment plant), or sewerage disposal system (such as the facility's own sewage treatment plant). Such plans and specifications shall be accompanied by a completed cover sheet which identifies the type of facility for which a license is to be applied for along with any of the proposed project's ancillary facilities. This Section shall not be interpreted to preclude the possibility of the necessity for the applicant to submit additional plans and specifications which may be required by the Office of Public Health.

b. Applicable Projects. Construction documents (plans and specifications) are required to be approved for the following type projects:

i. new construction;

ii. new CRCCs; or

iii. major alterations/substantial renovations.

c. The project shall be designed in accordance with the following criteria:

i. current Edition of *Guidelines for Design and Construction of Hospital and Health Care Facilities*, published by the American Institute of Architects, 1735 New York Ave., NW, Washington, D. C. 20006-5292 (Internet URL address: http://www.aia.org/);

ii. current edition of *NFPA 101 Life Safety Code,* published by the National Fire Protection Association, 1 Batterymarch, Quincy, MA 02169-7471 *(*Internet URL address: http://www.nfpa.org/);

iii. Part XIV (Plumbing) of the Louisiana State Sanitary Code (LAC 51:XIV);

iv. current edition of the Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities (ADAAG);

v. the current Louisiana Department of Health and Hospitals licensing standards for children's respite care centers (LAC 48:I.Chapter 80); and

vi. applicable provisions of the Louisiana State Sanitary Code (LAC 51).

d. Preparation of Construction Documents. Construction documents (plans and specifications) for submission to the Louisiana Department of Health and Hospitals shall be prepared only by a Louisiana licensed architect or qualified licensed engineer as governed by the licensing laws of the state of Louisiana for the type of work to be performed. Construction documents submitted shall be of an architectural or engineering nature, and thoroughly illustrate the project through accurately drawn, dimensioned, and noted plans, details, schedules, and specifications. At a minimum, the following shall be submitted:

i. site plan(s);

ii. floor plan(s). These shall include architectural, mechanical, plumbing, electrical, fire protection, and if required by code, sprinkler, and fire alarm plans;

iii. building elevations;

iv. room finish, door, and window schedules;

v. details pertaining to Americans with Disabilities Act (ADA) requirements;

vi. specifications for materials; and

vii. an additional set of basic preliminary type, legible site plan and floor plans in either 8-1/2" x 11"; 8-1/2" x 14"; or 11" x 17" format. (These are for use by DHH in doing the final inspection of the facility and should include legible room names).

2. Approval of Plans

a. Notice of satisfactory review from DHH's Division of Engineering and Architectural Services, the Office of State Fire Marshal, and the Office of Public Health constitutes compliance with this requirement if construction begins within 180 days of the date of such notice. This approval shall in no way permit and/or authorize any omission or deviation from the requirements of any restrictions, laws, ordinances, codes or rules of any responsible agency.

b. In the event that submitted materials do not appear to satisfactorily comply with all design criteria, the Department of Health and Hospitals, Division of Engineering and Architectural Services and/or the Office of Public Health shall furnish a letter to the party submitting the application for review, which lists the particular items in

question and request further explanation and/or confirmation of necessary modifications.

3. Waivers

a. The secretary of the department may, within his sole discretion, grant waivers to building and construction guidelines which are not otherwise required under the provisions of the Louisiana State Sanitary Code. The facility must submit a waiver request in writing to the Division of Engineering and Architectural Services. The facility shall demonstrate how patient safety and the quality of care offered are not compromised by the waiver. The facility must demonstrate their ability to completely fulfill all other requirements of the waiver. The department will make a written determination of the request. Waivers are not transferable in an ownership change and are subject to review or revocation upon any change in circumstances related to the waiver.

b. The secretary, in exercising his discretion, must at a minimum, require the applicant to comply with the edition of the building and construction guidelines which immediately preceded the 2001 edition of the *Guidelines for Design and Construction of Hospital and Health Care Facilities.*

c. The state health officer of the department may, within his sole discretion, grant waivers to building and construction guidelines which are required under the provisions of the Louisiana State Sanitary Code. The facility must submit a waiver request in writing to the state health officer. The facility shall demonstrate how public health and the quality of care offered are not compromised by the waiver. The facility must demonstrate their ability to completely fulfill all other requirements of the waiver. The state health officer will make a written determination of the request. Waivers are not transferable in an ownership change and are subject to review or revocation upon any change in circumstances related to the waiver.

J. An applicant may be denied a license for the following reasons:

1. failure to comply with applicable federal, state, and local laws;

2. failure to complete the application process;

3. conviction of a felony by the following, as shown by a certified copy of the record of the court of the conviction:

a. owner;

b. administrator;

c. director of nursing;

d. members or officers, or the person(s) designated to manage or supervise the CRCC if the applicant is a firm or corporation.

K. Physical Environment

1. Equipment and furnishings in a CRCC facility shall provide for the health care needs of the resident while providing a home-like atmosphere.

2. The CRCC facility shall design and equip areas for the comfort and privacy of patients and family members. The facility shall have:

a. physical space for private patient/family visiting;

b. accommodations for family members to remain with the patient throughout the night;

c. accommodations for family privacy after a patient's death; and

d. decor which is homelike in design and function.

3. Patient rooms shall be designed and equipped for adequate nursing care and the comfort and privacy of patients. Each patient's room shall:

a. be equipped with toilet and bathing facilities;

b. be equipped with a lavatory in each patient's room;

c. be at or above grade level;

d. contain room décor that is homelike and noninstitutional in design and function. Room furnishings for each patient shall include a bed with side rails, a bedside stand, an over-the-bed table, and individual reading light easily accessible to each patient, and a comfortable chair. The patient shall be permitted to bring personal items of furniture or furnishing into their rooms, unless medically inappropriate;

e. have closet space that provides security and privacy for clothing and personal belongings;

f. contain no more than two patient beds;

g. measure at least 100 square feet for a single patient room or 80 square feet for each patient for a multi patient room;

h. be equipped with a device for calling the staff member on duty. A call bell or other communication mechanism shall be placed within easy reach of the patient and shall be functioning properly. A call bell shall be provided in each patient's toilet, bath, and shower room; and

i. all patient rooms shall be outside rooms with a window of clear glass of not less than 12 square feet.

4. Water Temperature. The CRCC facility shall:

a. provide an adequate supply of hot water at all times for patient use;

b. have plumbing fixtures with a scald preventative valve of the pressure balancing, thermostatic, or combination mixing valve type that automatically regulates the temperature of the hot water used by patients to a maximum of 120°F; and

c. designate a staff member responsible for monitoring and logging water temperatures at least monthly. This person is responsible for reporting any problems to the administrator.

5. Linen Supply

a. The CRCC facility shall have available at all times a quantity of linen essential for proper care and comfort of patients. Linens shall be handled, stored, processed, and transported in such a manner as to prevent the spread of infection. The facility shall have a clean linen storage area.

b. The linen supply shall at all times be adequate to accommodate the number of beds and the number of incontinent patients.

c. Soiled linen and clothing shall be collected and enclosed in suitable bags or containers (covered carts or receptacles) and stored in a well ventilated area. Soiled linen shall not be permitted to accumulate in the facility.

d. The CRCC facility shall have policies and procedures that address:

i. frequency of linen changes;

ii. storage of clean linen; and

iii. storage of soiled linen.

6. The CRCC facility shall make provisions for isolating patients with infectious diseases. The CRCC should

institute the most current recommendations of the Centers for Disease Control and Prevention (CDC) relative to the specific infection(s) and communicable disease(s). The CRCC facility shall isolate infected patients only to the degree needed to isolate the infecting organism. The method shall be the least restrictive possible while maintaining the integrity of the process and the dignity of the patient. The CRCC facility provisions for isolating patients with infectious diseases shall include:

a. definition of nosocomial infections and communicable diseases;

b. measures for assessing and identifying patients and health care workers at risk for infections and communicable diseases;

c. measures for prevention of infections, especially those associated with immunosupressed patients and other factors which compromise a patient's resistance to infection;

d. measures for prevention of communicable disease outbreaks;

e. provision of a safe environment consistent with the current CDC recommendations for identified infection and/or communicable disease;

f. isolation procedures and requirements for infected or immunosuppressed patients;

g. use and techniques for universal precautions;

h. methods for monitoring and evaluating practice of asepsis;

i. care of contaminated laundry, i.e., covered containers or receptacles, clearly marked bags and separate handling procedures;

j. care of dishes and utensils, i.e., clearly marked and handled separately;

k. use of any necessary gowns, gloves, or masks posted and observed by staff, visitors, and anyone else in contact with the patient;

l. techniques for hand washing, respiratory protection, asepsis sterilization, disinfection, needle disposal, solid waste disposal, as well as any other means for limiting the spread of contagion;

m. orientation of all CRCC personnel to the infection control program, and to communicable diseases; and

n. employee health policies regarding infectious diseases. When infected or ill, employees shall not render direct patient care.

7. The CRCC facility shall provide:

a. storage for administrative supplies;

b. hand washing facilities provided with hot and cold water, hand soap, and paper towels located convenient to each nurse's station and drug distribution station;

c. charting facilities for staff at each nurse's station;

d. a clean workroom which contains a work counter, sink with hot and cold water, storage facilities and covered waste receptacles;

e. a soiled workroom which contains a sink with hot and cold water and other facilities necessary for the receiving and cleanup of soiled equipment;

f. parking for stretchers and wheelchairs in an area out of the path of normal traffic and of adequate size for the facility;

g. a janitor's closet equipped with a floor drain and hot and cold water as well as mop hooks over the sink and storage space for housekeeping equipment and supplies;

h. a suitable multi-purpose lounge or lounges furnished for reception, recreation, dining, visitation, group social activities and worship. Such lounge or lounges shall be located convenient to the patient rooms designed to be served;

i. a conference and consultation room suitable and furnished for family privacy, clergy visitation, counseling, and viewing of a deceased patient's body during bereavement. The conference and consultation room shall be located convenient to the patient rooms it is designed to serve;

j. public telephone; and

k. public restrooms.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:444 (February 2005).

§8005. Survey

A. A survey shall be an on-site visit conducted to assure compliance with CRCC licensing standards. Home visits may be conducted as part of the survey to ascertain compliance.

B. Types of Survey

1. Initial Survey. After approval of the application by DHH, the CRCC must become fully operational, in substantial compliance with applicable federal, state, and local laws, and providing care to two and only two patients at the time of the initial survey. No inpatients shall be admitted until the initial on-site survey has been performed. The initial on-site survey shall be scheduled after the agency notifies the department that the agency is fully operational and providing services. If, at the initial licensing survey, an agency has violations of licensing standards which are determined to be of such a serious nature that they may cause or have the potential to cause actual harm, DHH may deny licensing.

2. Licensing Survey. A licensing survey is an unannounced on-site visit periodically conducted to assure compliance with CRCC licensing standards.

3. Follow-up Survey. An on-site follow-up may be conducted whenever necessary to assure correction of violations. When applicable, DHH may clear violations at exit interview and/or by mail.

4. Complaint Survey. A complaint survey shall be conducted to investigate allegations of noncompliance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:447 (February 2005).

§8007. License Renewal Process

A. A CRCC license must be renewed annually.

B. An agency seeking a renewal of its CRCC license shall:

1. request a renewal packet from the bureau if one is not received at least 45 days prior to license expiration;

2. complete all forms and return to the bureau at least 30 days prior to license expiration; and

3. submit the current annual licensing fees with the packet. An application is not considered to have been submitted unless the licensing fees are received.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:447 (February 2005).

§8009. Fees

A. Any remittance submitted to DHH in payment of a required fee must be in the form of a company or certified check or money order made payable to the Department of Health and Hospitals.

B. Fee amounts shall be determined by DHH.

C. Fees paid to DHH are not refundable.

D. A fee is required to be submitted with the following:

1. an initial application;
2. a renewal application;
3. a change of controlling ownership; and
4. a change of name or physical address.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:448 (February 2005).

§8011. Changes

A. The Department of Health and Hospitals shall be notified, in writing, of any of the following within five working days of the occurrence:

1. change in physical address. (An agency must notify and receive approval from DHH prior to a change of physical address);
2. change of agency name;
3. change of phone number;
4. change of hours of operation/24 hour contact procedure;
5. change of ownership (controlling);
6. change in address or phone number of any branch office;
7. change of administrator (completed Key Personnel Change Form, obtained from DHH, is required); and
8. change of director of nursing (completed Key Personnel Change Form required); or
9. cessation of business.

B. Change of Ownership

1. Change of Ownership (CHOW) packets may be obtained from DHH. Only an agency with a full license shall be approved to undergo a change of ownership. A CRCC license is not transferable from one entity or owner to another.

2. The following must be submitted within five working days after the act of sale:

a. a new license application and the current licensing fee. The purchaser of the agency must meet all criteria required for initial licensure for CRCC;

b. any changes in the name and/or address of the CRCC;

c. any changes in administrative personnel (DON, administrator, medical director);

d. disclosure of ownership forms;

e. a copy of the Bill of Sale and Articles of Incorporation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:448 (February 2005).

§8013. Revocation or Denial of Renewal of License

A. The secretary of DHH may deny an application for a license, or refuse to renew a license or revoke a license in accordance with the Administrative Procedure Act. An agency's license may not be renewed and/or may be revoked for any of the following:

1. failure to be in substantial compliance with the CRCC minimum standards;
2. failure to uphold patient rights whereby violations may result in harm or injury;
3. failure of the agency to protect patients/persons in the community from harmful actions of the agency employees; including, but not limited to:
   a. health and safety;
   b. coercion;
   c. threat;
   d. intimidation; and
   e. harassment;
4. failure to notify proper authorities of all suspected cases of neglect, criminal activity, or mental or physical abuse which could potentially cause harm to the patient;
5. failure to maintain staff adequate to provide necessary services to current active patients;
6. failure to employ qualified personnel;
7. failure to remain fully operational at any time for any reason other than a disaster;
8. failure to submit fees including, but not limited to:
   a. annual fee;
   b. renewal fee;
   c. provisional follow-up fee; or
   d. change of agency address or name; or
   e. any fines assessed by DHH;
9. failure to allow entry to CRCC or access to any requested records during any survey;
10. failure to protect patients from unsafe, skilled and/or unskilled care by any person employed by CRCC;
11. failure of CRCC to correct violations after being issued a provisional license;
12. agency staff or owner has knowingly, or with reason to know, made a false statement of a material fact in:
    a. application for licensure;
    b. data forms;
    c. clinical records;
    d. matters under investigations by the department;
    e. information submitted for reimbursement from any payment source;
    f. the use of false, fraudulent or misleading advertising;
    g. agency staff misrepresented or was fraudulent in conducting CRCC business; or
    h. convictions of a felony by an owner, administrator, director of nursing or medical director as shown by a certified copy of the record of the court of conviction; or if the applicant is a firm or corporation, of any of its members or officers, or of the person designated to manage or supervise the CRCC agency; or

13. failure to comply with all reporting requirements in a timely manner.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:448 (February 2005).

§8015. Notice and Appeal

A. Notice shall be given in accordance with the current state statutes.

B. Administrative Reconsideration. The CRCC agency may request an administrative reconsideration of the violation(s) which support the department's actions. This is an informal process and reconsideration shall be conducted by a designated official(s) of the department who did not participate in the initial decision to impose the actions taken. Reconsideration shall be made solely on the basis of documents and/or oral presentations placed before the official and shall include the survey report and statement of violations and all documentation the CRCC submits to the department at the time of the agency's request for reconsideration. Correction of a violation shall not be a basis for reconsideration and a hearing shall not be held. Oral presentations can be made by the department's spokesperson(s) and the CRCC's spokesperson(s). This process is not in lieu of the administrative appeals process and does not extend the time limits for filing an administrative appeal. The designated official shall have the authority only to affirm the decision, to revoke the decision, to affirm part and revoke part, or to request additional information from either the department or the CRCC.

C. Administrative Appeal Process. Upon refusal of DHH to grant a license as provided in the current state statutes, or upon revocation or suspension of a license, or the imposition of a fine, the agency, institution, corporation, person, or other group affected by such action shall have the right to appeal such action by submitting a written request to the secretary of the department within 30 days after receipt of the notification of the refusal, revocation, suspension of a license, or imposition of a fine.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:449 (February 2005).

Subchapter B. Core Services

§8021. Core Services

A. Core services may be provided by employees of the CRCC or on a contractual basis. The CRCC is responsible for all actions of the contract personnel.

B. The CRCC must provide the following core services:

1. medical respite program services;
2. nursing services;
3. physician services;
4. social work services;
5. counseling services; and
6. support services, including trained volunteers and bereavement and pastoral care.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:449 (February 2005).

Subchapter C. Personnel

§8027. Administrator

A. The administrator is a person who is designated, in writing, by the governing body as administratively responsible for all aspects of CRCC operations. When the administrator serves more than one licensed agency, he/she shall designate, in writing, an alternate to serve as administrator for each site where he/she is not physically housed continuously. The alternate shall be a full-time, on-site employee of the CRCC and shall meet the same qualifications as the administrator. The administrator and the director of nurses/alternates may be the same individual if that individual is dually qualified. An administrator serving as director of nurses, while employed by the CRCC, may not be employed by any other licensed health care agency.

1. An administrator must be a licensed physician, a licensed registered nurse, a social worker with a master's degree, or a college graduate with a bachelor's degree. An administrator shall have at least three years of documented management experience in a health care service delivery.

2. The administrator shall be responsible for compliance with all regulations, laws, policies and procedures applicable to the CRCC facility specifically and to Medicare/Medicaid issues when applicable. The administrator shall:

a. implement personnel and employment policies to assure that only qualified personnel are hired. Licensure and/or certification (as required by law) shall be verified prior to employment and annually thereafter and records shall be maintained to support competency of all allied health personnel;

b. implement policies and procedures that establish and support quality patient care, cost control, and mechanisms for disciplinary action for infractions;

c. ensure the CRCC employs qualified individuals;

d. be on-site during business hours or immediately available by telecommunications when off-site conducting the business of the CRCC, and available after hours as needed;

e. be responsible for and direct the day-to-day operations of the CRCC facility;

f. act as liaison among staff, patients and the governing board;

g. ensure that all services are correctly billed to the proper payer source;

h. designate, in writing, an individual who meets the administrator qualifications to assume the authority and the control of the CRCC if the administrator is unavailable; and

i. designate in advance the IDT he/she chooses to establish policies governing the day-to-day provisions of the CRCC.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:449 (February 2005).

§8029. Counselor-Bereavement

A. The bereavement counselor shall have documented evidence of appropriate training and experience in the care of the bereaved, received under the supervision of a qualified professional. The counselor shall implement bereavement counseling in a manner consistent with

standards of practice and CRCC policy. Services include, but are not limited to:

1. assessment of grief counseling needs;

2. providing bereavement information and referral services to the bereaved, as needed, in accordance with the POC;

3. providing bereavement support to the CRCC staff as needed;

4. attending CRCC end of life IDT meetings; and

5. documenting bereavement services provided and progress of bereaved on clinical progress notes to be incorporated in the clinical record within one week of the visit.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:449 (February 2005).

§8031. Counselor-Pastoral

A. The pastoral counselor shall have documented evidence of appropriate training and skills to provide spiritual counseling, such as Bachelor of Divinity, Master of Divinity or equivalent theological degree or training. The counselor shall provide pastoral counseling based on the initial and ongoing assessment of spiritual needs of the patient/family, in a manner consistent with standards of practice including, but not limited to:

1. serving as a liaison and support to community chaplains and/or pastoral counselors;

2. providing consultation, support, and education to the IDT members on spiritual care;

3. attending IDT meetings; and

4. documenting pastoral services provided on clinical progress notes to be incorporated in the clinical record within one week of the visit.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:450 (February 2005).

§8033. Dietician

A. The dietician shall be a registered dietician or a person who meets the qualification standards of the Commission on Dietetic Registration of the American Dietetic Association. The dietician shall implement dietary services consistent with standards of practice including, but not limited to:

1. clinical progress notes, including the nutritional status of the patient, are to be incorporated into the clinical records within one week of the visit;

2. collaborate with the patient/family, physician, registered nurse and/or the IDT in providing dietary counseling to the patient/family;

3. instruct patient/family and/or CRCC staff as needed;

4. evaluate patient socioeconomic factors to develop recommendations concerning food purchasing, preparation and storage;

5. evaluate food preparation methods to ensure nutritive value is conserved, flavor, texture and temperature principles are adhered to in meeting the individual patient's needs; and

6. participate in IDT conference as needed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:450 (February 2005).

§8035. Dietary Manager

A. A dietary manager shall meet one of the following:

1. be a graduate of a dietetic technician or dietetic assistant training program, approved by the American Dietetic Association, by correspondence or classroom;

2. be a graduate of a state-approved course that provides 90 or more hours of classroom instruction in food service supervision and has experience as a supervisor in a health care institution with consultation from a dietitian; or

3. have training and experience in food service supervision and management in the military service, equivalent in content to a dietetic technician or dietetic assistant training program, approved by the American Dietetic Association, by correspondence or classroom.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:450 (February 2005).

§8037. Director of Nurses

A. The director of nurses (DON) shall be designated, in writing, by the governing body to supervise all aspects of patient care, all activities of professional staff and allied health personnel, and responsible for compliance with regulatory requirements. The DON, or alternate, shall be on site or immediately available to be on site at all times during operating hours, and additionally as needed. If the DON is unavailable he/she shall designate a registered nurse to be responsible during his/her absence.

B. The director of nurses shall be a registered nurse and must be currently licensed to practice in the state of Louisiana:

1. with at least three years experience as a registered nurse. One of these years shall consist of full-time experience in providing direct patient care in a hospice, home health, pediatric, oncology, or CRCC setting; and

2. be a full-time employee of only one CRCC facility. The director of nurses is prohibited from simultaneous/concurrent employment.

C. The director of nursing shall supervise all patient care activities to assure compliance with current standards of accepted nursing and medical practice including, but not limited to the following:

1. the POC;

2. supervise employee health program, implement policies and procedures that establish and support quality patient care;

3. assure compliance with local, state, and federal laws, and promote health and safety of employees, patients and the community, using the following nonexclusive methods:

a. resolve problems;

b. perform complaint investigations;

c. refer impaired personnel to proper authorities;

d. provide orientation and in-service training to employees to promote effective CRCC services and safety of the patient, to familiarize staff with regulatory issues, and agency policy and procedures;

e. orient new direct health care personnel;

f. perform timely annual performance evaluations of health care personnel;

g. assure participation in regularly scheduled appropriate continuing education for all health professionals and home health aides;

h. assure that the care provided by the health care personnel promotes effective respite/end of life services and the safety of the patient; and

i. assure that the CRCC polices are enforced.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:450 (February 2005).

§8039. Governing Body

A. The CRCC shall have a governing body that assumes full legal responsibility for determining, implementing and monitoring policies governing the CRCC's total operation. No contracts/arrangements or other agreements may limit or diminish the responsibility of the governing body. The governing body shall:

1. designate an administrator who is responsible for the day to day management of the CRCC program;

2. ensure that all services provided are consistent with accepted standards of practice;

3. develop and approve policies and procedures which define and describe the scope of services offered;

4. review policies and procedures at least annually and revise them as necessary; and

5. maintain an organizational chart that delineates lines of authority and responsibility for all CRCC personnel.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:451 (February 2005).

§8041. Home Health Aide

A. The home health aide shall be a qualified person who provides direct patient care and/or housekeeping duties in the home or homelike setting under the direct supervision of a registered nurse. The home health aide competency evaluation is to be completed by a registered nurse prior to the home health aide being assigned to provide patient care.

B. The home health aide shall:

1. have a current nursing assistant certification and have successfully completed a competency evaluation; or

2. have successfully completed a training program and have successfully completed a competency evaluation; or

3. have successfully completed a competency evaluation; and

4. exhibit maturity, an empathetic, sympathetic attitude, and ability to deal effectively with the demands of the job;

5. have the ability to read, write, and carry out directions, promptly and accurately; and

6. when employed by more than one agency, inform all employers and coordinate duties to assure highest quality when providing services to the patents.

C. The home health aide shall provide services established and delegated in POC, record and notify the primary registered nurse of deviations according to standard practice including, but not limited to:

1. performing simple one-step wound care if written documentation of in-service for that specific procedure is in the aide's personnel record. All procedures performed by the aide must be in compliance with current standards of nursing practice;

2. providing assistance with mobility, transferring, walking, grooming, bathing, dressing or undressing, eating, toileting, and/or housekeeping needs. Some examples of assistance include:

a. helping the patient with a bath, care of the mouth, skin and hair;

b. helping the patient to the bathroom or in using a bed pan or urinal;

c. helping the patient to dress and/or undress;

d. helping the patient in and out of bed, assisting with ambulating;

e. helping the patient with prescribed exercises which the patient and home health aide have been taught by appropriate personnel; and

f. performing such incidental household services essential to the patient's health care at home that are necessary to prevent or postpone institutionalization.

D. The home health aide shall document each visit made to the patient and incorporate notes into the clinical record within one week of the visit.

E. The home health aide shall not:

1. perform any intravenous procedures, procedures involving the use of Levine tubes or Foley catheters, suctioning, or any other sterile or invasive procedures, other than rectal temperatures or enemas;

2. administer medications to any patient.

F. The home health aide shall attend an initial orientation. The orientation and training curricula for home health aides shall be detailed in a policies and procedures manual maintained by the CRCC agency. Provision of orientation and training shall be documented in the employee personnel record. The content of the basic orientation provided to home health aides shall include:

1. policies and objectives of the agency;

2. duties and responsibilities of a home health aide;

3. the role of the home health aide as a member of the health care team;

4. emotional problems associated with life-limiting illnesses;

5. information on the stages of childhood development;

6. information on terminal care, stages of death and dying, and grief;

7. principles and practices of maintaining a clean, healthy and safe environment;

8. ethics; and

9. confidentiality.

G. Home health aide initial training shall include the following areas of instruction:

1. assisting patients to achieve optimal activities of daily living;

2. documentation;

3. procedures for maintaining a clean healthful environment; and

4. changes in the patient's condition to be reported to the supervisor.

H. The home health aide must have a minimum of 12 hours of appropriate in-service training annually. In-service training may be prorated for employees working a portion of the year. However, part-time employees who worked throughout the year must attend all 12 hours of in-service training. In-services may be furnished while the aide is providing services to the patient, but must be documented as training.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:451 (February 2005).

§8043. Licensed Practical Nurse

A. The licensed practical nurse (LPN) shall work under the direct supervision of a registered nurse and perform skilled nursing services as delegated by a registered nurse.

B. A licensed practical nurse must:

1. be currently licensed by the Louisiana State Board of Practical Nurse Examiners with no restrictions; and

2. have at least two years full-time experience as an LPN; and

3. when employed by more than one agency, inform all employers and coordinate duties to assure quality provision of services.

C. The LPN shall perform skilled nursing services under the supervision of a registered nurse, in a manner consistent with standard of practice including, but not limited to, such duties as:

1. observing, recording and reporting to the registered nurse or director of nurses on the general physical and mental conditions of the patient;

2. administering prescribed medications and treatments as permitted by state or local regulations;

3. assisting the physician and/or registered nurse in performing specialized procedures;

4. preparing equipment for treatments, including sterilization, and adherence to aseptic techniques;

5. assisting the patient with activities of daily living;

6. documenting each visit made to the patient and incorporate notes into the clinical record within one week of the visit;

7. performing complex wound care, if an in-service is documented for the specific procedure;

8. performing routine venipuncture (phlebotomy) if written documentation of competency is in personnel record. Competency must be evaluated by an RN even if the LPN has completed a certification course; and

9. may receive verbal orders from the physician regarding their assigned patients.

D. An LPN shall not:

1. access any intravenous appliance for any reason;

2. perform supervisory aide visits;

3. develop and/or alter the POC;

4. make an assessment visit;

5. evaluate recertification criteria;

6. make aide assignments; or

7. function as a supervisor of the nursing practice of any registered nurse.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:452 (February 2005).

§8045. Medical Director/Physician Designee

A. The medical director/physician designee is a physician, currently and legally authorized to practice medicine in the state, and knowledgeable about the medical and psychosocial aspects of pediatric palliative care. The medical director reviews, coordinates, and is responsible for the management of clinical and medical care for all patients. The medical director or physician designee may be an employee or a volunteer of the agency. The agency may also contract for the services of the medical director or physician designee. The medical director/physician designee shall be a doctor of medicine or osteopathy licensed to practice in the state of Louisiana.

B. The medical director or physician designee assumes overall responsibility for the medical component of the patient care program and shall include, but not be limited to:

1. serving as a consultant with the attending physician regarding pain and symptom control as needed;

2. serving as the attending physician, if designated by the patient/family unit;

3. reviewing patient eligibility for CRCC services;

4. serving as a medical resource for the interdisciplinary team;

5. developing and coordinating procedures for the provision of emergency medical care;

6. participating in the development of the POC prior to providing care, unless the POC has been established by an attending physician; and

7. participating in the review and update of the POC, unless the plan of care has been reviewed/updated by the attending physician. These reviews must be documented.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:452 (February 2005).

§8047. Occupational Therapist

A. An occupational therapist, when provided, must be licensed by the state of Louisiana and registered by the American Occupational Therapy Association.

B. The occupational therapist shall assist the physician in evaluating the patient's level of functioning by applying diagnostic and prognostic procedures including, but not limited to:

1. providing occupational therapy in accordance with physician's orders and the POC;

2. guiding the patient and family in his/her use of therapeutic, creative, and self-care activities for the purpose of improving function, in a manner consistent with accepted standards of practice;

3. observing, recording, and reporting to the physician and/or interdisciplinary team the patient's reaction to treatment and any changes in the patient's condition;

4. instructing and informing other health team personnel including, when appropriate, home health aides and family members in certain phases of occupational therapy in which they may work with the patient;

5. documenting each visit made to the patient and incorporating notes into the clinical record within one week of the visit;

6. participating in IDT conferences as needed; and

7. preparing a written discharge summary when applicable, with a copy retained in patient's clinical record and a copy forwarded to the attending physician.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:452 (February 2005).

§8049. Pharmacist

A. The CRCC shall employ a pharmacist licensed in the state of Louisiana or have a written agreement with a pharmacist licensed in the state of Louisiana to advise the CRCC facility on ordering, storage, administration, disposal, and record keeping of drugs and biologicals.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:453 (February 2005).

§8051. Physical Therapist

A. The physical therapist (PT), when provided, must be currently licensed by the Louisiana State Board of Physical Therapy Examiners. The physical therapist shall assist the physician in evaluating the patient's functional status and physical therapy needs in a manner consistent with standards of practice to include, but not limited to:

1. assisting in the formation of the POC;

2. providing services within the scope of practice as defined by state law governing the practice of physical therapy, in accordance with the POC, and in coordination with the other members of the IDT;

3. observing and reporting to the physician and the IDT, the patient's reaction to treatment and any changes in the patient's condition;

4. instructing and informing participating members of the IDT, the patient, family/care givers, regarding the POC, functional limitations and progress toward goals;

5. documenting each visit made to the patient and incorporating notes into the clinical record within one week of the visit;

6. when physical therapy services are discontinued, preparing a written discharge summary, with a copy retained in the patient's clinical record and a copy forwarded to the attending physician; and

7. participating in IDT conferences as needed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:453 (February 2005).

§8053. Registered Nurse

A. The CRCC facility shall designate a registered nurse (RN) to coordinate the implementation of the POC for each patient.

B. A licensed RN must be currently licensed to practice in the state of Louisiana with no restrictions and:

1. have at least two years full-time experience as a registered nurse; and

2. if employed by more than one agency, he/she must inform all employers and coordinate duties to assure quality service provision.

C. The registered nurse shall:

1. identify the patient's physical, psychosocial, and environmental needs and reassess as needed;

2. provide nursing services in accordance with the POC;

3. document problems, appropriate goals, interventions, and patient/family response to CRCC care;

4. collaborate with the patient/family, attending physician and other members of the IDT in providing patient and family care;

5. instruct patient/family in self-care techniques when appropriate;

6. supervise ancillary personnel and delegate responsibilities when required;

7. complete and submit accurate and relevant clinical notes regarding the patient's condition and incorporate into the clinical record within one week of the visit;

8. prepare specific written instructions for patient care when home health aide services are provided;

9. supervise and evaluate the home health aides ability to perform assigned duties, to relate to the patient and to work effectively as a member of the health care team;

10. when home health aides are assigned, will perform supervisory visits to the patient's residence at least every 30 days to assess relationships and determine whether goals are being met; and

11. document supervision, to include the aide/patient/family relationships, services provided and instructions and comments given, as well as other requirements on the clinical notes.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:453 (February 2005).

§8055. Social Worker

A. The social worker shall have a master's degree from a school of social work and be licensed by the Louisiana State Board of Social Work Examiners. The social worker shall have documented clinical experience appropriate to the counseling and casework needs of children with life-limiting illnesses and their families. When the social worker is employed by one or more agencies he/she must inform all employers and cooperate and coordinate duties to assure the highest performance of quality when providing services to the patient and family.

B. The social worker shall assist the physician and other IDT members in understanding significant social and emotional factors relating to the patient's health status and shall include, but not be limited to:

1. assessment of the social and emotional, and familial factors having an impact on the patient's health status;

2. assisting in the formulation of the POC;

3. providing services within the scope of practice as defined by state law and in accordance with the POC;

4. coordination with other IDT members and participating in IDT conferences;

5. preparing clinical and/or progress notes and incorporate them into the clinical record within one week of the visit;

6. participating in discharge planning, and in-service programs related to the needs of the patient and family;

7. acting as a consultant to other members of the IDT; and

8. when medical social services are discontinued, submitting a written summary of services provided, including an assessment of the patient's current status, to be retained in the clinical record.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:453 (February 2005).

§8057. Speech Pathologist

A. A speech pathologist, when provided, must be licensed by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology. The speech pathologist shall assist the physician in evaluation of the patient to determine the type of speech or language disorder and the appropriate corrective therapy in a manner consistent with standards of practice to include, but not limited to:

1. providing rehabilitative services for speech and language disorders;

2. observing, recording and reporting to the physician and the IDT the patient's reaction to treatment and any changes in the patient's condition;

3. instructing other health personnel and family members in methods of assisting the patient to improve and correct speech disabilities;

4. communicating with the registered nurse, director of nurses, and/or the IDT the need for a continuation of speech pathology services for the patient;

5. participating in IDT conferences, as needed;

6. documenting each visit made to the patient and incorporating notes in the clinical record within one week of the visit; and

7. preparing a written discharge summary as indicated with a copy retained in patient's clinical record and a copy forwarded to the attending physician.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:454 (February 2005).

§8059. Volunteers

A. Volunteers play a vital role in enhancing the quality of care delivered to the patient/family by encouraging community participation in the overall CRCC program. Volunteers who provide patient care and support services according to their experience and training must be in compliance with agency policies, and under the supervision of a CRCC employee. Volunteers shall be mature, nonjudgmental, caring individuals supportive of the CRCC concept of care, willing to serve others, and appropriately oriented and trained. Volunteers who are qualified to provide professional services must meet all standards associated with their specialty area.

B. The volunteer shall:

1. provide assistance to the CRCC program, and/or patient/family in accordance with designated assignments;

2. provide input into the plan of care and interdisciplinary group meetings, as appropriate;

3. document services provided;

4. maintain strict patient/family confidentiality; and

5. communicate any changes or observations to the assigned supervisor.

C. The volunteers must receive appropriate documented training which shall include at a minimum:

1. an introduction to CRCC;
2. the role of the volunteer in CRCC;
3. concepts of death and dying;
4. communication skills;
5. care and comfort measures;
6. diseases and medical conditions;
7. stages of child development;
8. the concept of the CRCC family;
9. stress management;
10. bereavement;
11. infection control;
12. safety;
13. confidentiality;
14. patient rights; and
15. the role of the IDT.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:454 (February 2005).

Subchapter D. Patient Care Services

§8067. Admission Criteria

A. The CRCC shall have written policies to be followed in making decisions regarding acceptance of patients for care. Decisions are based upon medical, physical and psychosocial information provided by the patient's attending physician, the patient/family and the interdisciplinary team. The admission criteria shall include:

1. the ability of the agency to provide core services on a 24-hours basis and provide for or arrange for non-core services to the extent necessary to meet the needs of individuals for care that is reasonable and necessary for the palliation and management of life-limiting illness and related conditions;

2. documentation of a life-threatening illness signed by a physician;

3. assessment of the patient/family needs and desire for CRCC services;

4. informed consent signed by the patient's representative who is authorized in accordance with state law to elect the care, which will include the purpose and scope of CRCC services; and

5. patient meets all other criteria required by any applicable payor sources.

B. Admission Procedures. Patients are to be admitted only upon the order of the patient's physician. An assessment visit shall be made by a registered nurse, who will assess the patient's needs. This assessment shall occur within 48 hours of referral for admission, unless otherwise ordered by the physician or unless a request for delay is made by the patient/family. Documentation at admission will be retained in the clinical record and shall include:

1. signed consent forms;
2. signed patient's rights statement;
3. clinical data including physician order for care;
4. patient release of information;
5. orientation of the patient/care giver, which includes:

a. advanced directives;
b. agency services;
c. patient's rights; and
d. agency contact procedures; and

6. physician's documentation of the life-limiting illness.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:454 (February 2005).

§8069. Plan of Care (POC)

A. A written plan of care is developed for each patient/family by the physician, the medical director or physician designee and the IDT. The care provided to an individual must be in accordance with the POC.

B. At least one of the persons involved in developing the POC must be the registered nurse who conducted the initial assessment. Within three days of the assessment, the IDT must establish the POC. The POC shall be signed by the physician and an appropriate member of the IDT.

C. At a minimum the POC will include:

1. an assessment of the individual's needs and identification of services;

2. detailed description of the scope and frequency of services needed to meet the patient's and family's needs;

3. identification of problems with realistic and achievable goals and objectives;

4. medical supplies and appliances, including drugs and biologicals needed for the palliation and management of the life-limiting illness and related conditions;

5. patient/family understanding, agreement and involvement with the POC; and

6. recognition of the patient/family's psychological, social, religious and cultural variables, values, strengths, and risk factors.

D. The POC shall be incorporated into the clinical record within one week of its completion.

E. The CRCC shall designate a registered nurse to coordinate the implementation of the POC for each patient.

F. The plan of care shall be reviewed and updated when the patient's condition changes, and at a minimum every 90 days for home care and every 14 days for inpatient care, collaboratively with the IDT and the physician.

G. the agency shall have documented policies and procedures for the following:

1. the physician's participation in the development, revision, and approval of the POC. This is evidenced by a change in patient orders and documented communication between CRCC staff and the physician;

2. physician orders must be signed and dated in a timely manner, not to exceed 30 days.

H. The agency shall have documentation that the patient's condition and POC is reviewed and the POC updated, even when the patient's condition does not change.

I. The CRCC shall adhere to the following additional principles and responsibilities:

1. an assessment of the patient/family needs and desire for services and the CRCC programs' specific admission, transfer, and discharge criteria to determine any changes in services;

2. core services routinely available to CRCC patients on a 24-hour basis, seven days a week;

3. all other covered services available to the extent necessary to meet the needs of individuals for care that is reasonable and necessary for the palliation and management of a life-limiting illness and related conditions;

4. case-management provided and an accurate and complete documented record of services and activities describing care of patient/family is maintained;

5. collaboration with other providers to ensure coordination of services;

6. maintenance of professional management responsibility and coordination of the patient/family care regardless of the setting;

7. maintenance of contracts/agreements for the provision of services not directly provided by the CRCC;

8. provision or access to emergency medical care;

9. when the patient is admitted to a setting where CRCC care cannot be delivered, CRCC adheres to standards, policies and procedures on transfer and discharge and facilitates the patient's transfer to another care provider;

10. maintenance of appropriately qualified IDT health care professionals and volunteers to meet the patient's need;

11. maintenance and documentation of a volunteer staff that provide administrative and/or direct patient care. The CRCC must document a continuing level of volunteer activity; and

12. coordination of the IDT, as well as of volunteers, by a qualified health care professional, to assure continuous assessment, continuity of care and implementation of the POC.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:455 (February 2005).

§8071. Pharmaceutical Services

A. The CRCC facility shall ensure that pharmaceutical services are provided under the directions of a pharmacist licensed to practice in the state of Louisiana. The facility shall ensure that pharmaceutical services are provided in accordance with appropriate methods and procedures for the storage, dispensing and administering of drugs and biologicals. The CRCC facility is responsible for ensuring that pharmaceutical services are provided in accordance with accepted professional principles and appropriate federal, state, and local laws, whether drugs and biologicals are obtained from community or institutional pharmacists or stocked by the facility. The CRCC shall ensure the appropriate monitoring and supervision of the pharmaceutical needs of the patient, and have written policies governing prescribing, administering, controlling, storing and disposing of all biologicals and drugs.

B. The CRCC shall provide for the pharmaceutical needs of the patient, consistent with the Board of Pharmacy regulations.

C. The CRCC shall institute procedures which protect the patient from medication errors.

D. CRCC procedures shall provide verbal and written instructions to patient and family as indicated.

E. CRCC policies and procedures shall describe which drugs and treatments are administered by the agency. All drugs shall be administered in compliance with the needs of the client and applicable laws and regulations.

F. The CRCC pharmacy shall have a pharmacy permit issued by the Louisiana Board of Pharmacy to allow ordering, storage, dispensing, and delivering of legend prescriptive orders. The CRCC shall have a current controlled dangerous substance license and a DEA registration. Pharmacy services shall be directed by a registered pharmacist licensed to practice in Louisiana.

G. A physician must order all medications for the patient.

1. If the medication order is verbal, the physician shall give it only to a licensed nurse, pharmacist, or another physician; and the individual receiving the order shall record and sign it immediately.

2. All orders (to include telephone and/or verbal) shall be signed by the prescribing physician in a timely manner, not to exceed 30 days.

H. Patients shall be accurately identified prior to administration of a medication.

1. Medications shall be administered only by a physician, a licensed nurse, the patient, or the parent or guardian, if his or her attending physician has approved.

2. Physicians' orders shall be checked at least daily to assure that changes are noted.

3. Drugs and biologicals shall be administered as soon as possible after dose is prepared for distribution, not to exceed two hours.

4. Each patient shall have an individual medication record (MAR) on which the dose of each drug administered shall be properly recorded by the person administering the drug to include:

a. name, strength, and dosage of the medication;

b. method of administration to include site, if applicable;

c. times of administration;

d. the initials of persons administering the medication (the initials shall be identified on the MAR to identify the individual by name);

e. medications administered on a "PRN" or as needed basis shall be recorded in a manner as to explain the reason for administration and the results obtained. The CRCC shall have a procedure to define its methods of recording these medications.

f. medications brought to the CRCC facility by the patient or other individuals for use by that patient shall be accurately identified as to name and strength, properly labeled, stored in accordance with facility policy and shall be administered to the patient only upon the written orders of the attending physician;

g. medications shall not be retained at the patient's bedside nor shall self-administration be permitted except when ordered by the physician. These medications shall be appropriately labeled and safety precautions taken to prevent unauthorized usage;

h. medication errors and drug reactions shall be immediately reported to the director of nurses, pharmacist and physician and an entry made in the patients' medical record and/or an incident report. This procedure shall include recording and reporting to the physician the failure to administer a drug, for any reason other than refusal of a patient to take a drug. The refusal of a patient to take a drug shall be reported to the DON and the physician and an entry made in the patients' medical record;

i. the nurses station or medicine room for all CRCC facilities shall have readily available items necessary for the proper administration and accounting of medications;

j. each CRCC facility shall have available current reference materials that provide information on the use of drugs, side effects and adverse reactions to drugs and the interactions between drugs.

I. Each CRCC facility shall have a procedure for at least quarterly monitoring of medication administration. This monitoring shall be accomplished by a registered nurse or a pharmacist, to assure accurate administration and recording of all medications.

J. Procedures for storing and disposing of drugs and biologicals shall be established and implemented by the CRCC facility.

1. In accordance with state and federal laws, all drugs and biologicals shall be stored in locked compartments under proper temperature controls and only authorized personnel shall have access to the keys. A separately locked compartment shall be provided for storage of all controlled drugs and other drugs subject to abuse.

2. Controlled drugs no longer needed by the patient shall be disposed of in compliance with state requirements. In the absence of state requirements, the pharmacist and a registered nurse shall dispose of the drugs and prepare a record of the disposal. Each CRCC shall establish procedures for release of patient's own medications upon discharge or transfer of the patient. An entry of such release shall be entered in the medical record to include drugs released, amounts, who received the drugs and signature of the person carrying out the release.

3. There shall be a medicine room or drug preparation area at each nurses' station of sufficient size for the orderly storage of drugs, both liquid and solid dosage forms and for the preparation of medications for patient administration within the unit. In the event that a drug cart is used for storage and administration of drugs, the room shall be of sufficient size to accommodate placement of the cart.

4. There shall be a sink provided with hot and cold water in or near the medicine room or medication preparation area for washing hands or cleaning containers used in medicine preparation. Paper towels and soap dispensers shall be provided.

5. Sufficient lighting shall be provided and the temperature of the medicine storage area shall not be lower than 48ºF or above 85ºF and the room shall have adequate ventilation.

6. Drugs and biologicals, including those requiring refrigeration, shall be stored within the medicine room or shall have separate locks if outside the medicine room. The refrigeration shall have a thermometer and be capable of maintaining drugs at the temperature recommended by the manufacturer of the drug.

7. No laboratory solutions or materials awaiting laboratory pickup or foods shall be stored in the same storage area (i.e., cupboard, refrigerator, or drawer) with drugs and biologicals. The areas designated for drug and biological storage shall be clearly marked.

8. The drug or medicine rooms shall be provided with safeguards, including locks on doors and bars on accessible windows, to prevent entrance by unauthorized persons.

a. Only authorized, designated personnel shall have access to the medicine storage area.

b. External use only drugs shall be plainly labeled and stored separate from drugs and biologicals. No poisonous substance shall be kept in the kitchen, dining area, or any public spaces or rooms. Storage within the drug or medicine room of approved poisonous substances intended for legitimate medical use, provided that such substances are properly labeled and stored in accordance with applicable federal and state law, shall not be prohibited.

9. The CRCC shall develop policies and procedures for maintaining an emergency medicine cabinet for the purpose of keeping a minimum amount of stock medications that may be needed quickly or after regular duty hours. The following rules shall apply to such a cabinet.

a. The contents of the emergency medicine cabinet shall be approved by the CRCC pharmacist and members of the medical and clinical staff responsible for the development of policies and procedures.

b. There shall be a minimum number of doses of any medication in the emergency medicine cabinet based upon the established needs of the CRCC facility.

c. There shall be records available to show amount received, name of patient and amount used, prescribing physician, time of administration, name of individual removing and using the medication, and the balance on hand.

d. There shall be written procedures for utilization of the emergency medicine cabinet with provisions for prompt replacement of used items.

e. The emergency medicine cabinet shall be inspected at least monthly replacing outdated drugs and reconciliation of its prior usage. Information obtained shall be included in a monthly report.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:455 (February 2005).

§8073. Pathology and Laboratory Services

A. The CRCC shall provide or have access to pathology and laboratory services which comply with Clinical Laboratory Improvement Amendments (CLIA) guidelines and meet the patient's needs.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:457 (February 2005).

§8075. Discharge/Transfer

A. The CRCC shall provide adequate and appropriate patient/family information at the time discharge or transfer.

B. The CRCC shall develop appropriate policies/procedures for discharge planning.

C. The CRCC shall clearly document the reason for discharge. The CRCC patient shall be discharged only under following circumstances:

1. change in status of the life-limiting illness;

2. if the safety/well being of the patient or of the CRCC staff is compromised. The CRCC shall make every effort to resolve these problems satisfactorily before discharge. All efforts by the CRCC to resolve the problem shall be documented in detail in the patient's clinical record;

3. patient no longer qualifies for CRCC services due to age;

4. patient/family's noncompliance with the POC;

5. if the patient transfers to another agency or services; or

6. when the patient's representative elects to discontinue services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:457 (February 2005).

§8077. Patient Rights and Responsibilities

A. The CRCC shall ensure that the patient has the right to:

1. be cared for by a team of professionals who provides high quality comprehensive services as needed and appropriate for patient/family;

2. have a clear understanding of the availability of CRCC services;

3. receive appropriate and compassionate care regardless of race, gender, creed, disability, sexual orientation or the ability to pay for services rendered;

4. be fully informed regarding patient status in order to participate in the POC. The professional team shall assist patient/family in identifying which services and treatments will help attain these goals;

5. be fully informed regarding the potential benefits and risks of all medical treatments or services suggested, and to accept or refuse those treatments and/or services as appropriate to patient/family personal wishes;

6. be treated with respect and dignity;

7. have patient/family trained in effective ways of caring for the patient;

8. confidentiality with regard to provision of services and all client records, including information concerning patient/family health status, as well as social, and/or financial circumstances. The patient information and/or records shall be released only with patient/family's written consent, and or as required by law;

9. voice grievances concerning patient care, treatment, and/or respect for person or privacy without being subject to discrimination or reprisal, and have any such complaints investigated by the CRCC; and

10. be informed of any fees or charges in advance of services for which patient/family may be liable. Patient/family has the right to access any insurance or entitlement program for which patient may be eligible.

B. An informed consent form that specifies the type of care and services that may be provided as CRCC care during the course of the illness shall be obtained, either from the individual or representative.

C. The patient/family has the responsibility to:

1. participate in developing the POC and update as his or her condition/needs change;

2. provide CRCC with accurate and complete health information;

3. remain under a doctor's care while receiving CRCC services; and

4. assist CRCC staff in developing and maintaining a safe environment in which patient care can be provided.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:457 (February 2005).

§8079. Clinical Records

A. In accordance with accepted principles of practice the CRCC shall establish and maintain a clinical record for every individual receiving care and services. The record shall be complete, promptly and accurately documented, readily accessible and systematically organized to facilitate retrieval. The clinical record shall contain all pertinent past and current medical, nursing, social, and other therapeutic information, including the current POC under which services are being delivered.

B. CRCC records shall be maintained in a distinct location and not mingled with records of other types of health care related agencies.

C. Original clinical records shall be kept in a safe and confidential area which provides convenient access to clinicians.

D. The agency shall have policies addressing who is permitted access to the clinical records. No unauthorized person shall be permitted access to the clinical records.

E. All clinical records shall be safeguarded against loss, destruction and unauthorized use.

F. Records for individuals under the age of majority shall be kept in accordance with current state and federal law.

G. When applicable, the agency shall obtain a signed Release of Information Form from the patient and/or the patient's family. A copy shall be retained in the record.

H. The clinical records shall contain a comprehensive compilation of information including, but not limited to:

1. initial and subsequent plans of care and initial assessment;
2. documentation of a life-limiting diagnosis;
3. written physician's orders for admission and changes to the POC;
4. current clinical notes {at least the past 60 days);
5. plan of care;
6. signed consent and authorization forms;
7. pertinent medical history; and
8. identifying data, including:
   a. name;
   b. address;
   c. date of birth;
   d. sex;
   e. agency case number; and
   f. next of kin.

I. Entries are made for all services provided and are signed by the staff providing the service.

J. Complete documentation of all services and events (including evaluations, treatments, progress notes, etc.) are recorded whether furnished directly by staff or by arrangement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:458 (February 2005).

§8081. Nursing Services

A. There shall be an organized nursing service that provides 24-hour nursing services. The nursing services shall be under the direction of a director of nursing, who is a registered nurse licensed to practice in Louisiana, employed full time by only one licensed agency. There shall be a similarly qualified registered nurse available to act in the absence of the director of nursing.

B. The CRCC facility shall have staff on the premises on a 24-hour a day, seven-day a week basis. There shall be a registered nurse on duty at all times when patients are in the facility. In addition, the facility shall provide nursing services sufficient to meet the total nursing needs of the patients in the facility. When there are no patients in the CRCC facility, the facility shall have a registered nurse on-call to be immediately available to the CRCC facility. The services provided must be in accordance with the patient's plan of care. Each shift shall include at least two direct patient care staff, one of which must be a registered nurse who provides direct patient care. The nurse to patient ratio shall be at least one nurse to every eight patients. In addition, there shall be sufficient number of direct patient care staff on duty to meet the patient care needs.

C. Written nursing policies and procedures shall define and describe the patient care provided.

D. Nursing services shall be either furnished and/or supervised by a registered nurse and all nursing services shall be evaluated by a registered nurse.

E. A registered nurse shall assign the nursing service staff for each patient in the CRCC facility. The CRCC facility shall provide 24-hour nursing services sufficient to meet the total nursing needs of the patient and which are in accordance with the patient's plan of care. Staffing shall be planned so that each patient receives treatments, medications and diet as prescribed, and is kept clean, well-groomed, and protected from accident, injury, and infection. Nursing services staff shall be assigned clinical and/or management responsibilities in accordance with education, experience and the current Louisiana Nurse Practice Act.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:458 (February 2005).

§8083. Nutritional Services

A. Nutritional services shall be under the supervision of a qualified registered dietitian, who is employed either full time, part time, on a consulting or volunteer basis. If the registered dietitian is not full time, there shall be a full-time dietary manager who is responsible for the daily management of dietary services.

B. The registered dietician shall be responsible for assuring that quality nutritional care is provided to patients by providing and supervising the nutritional aspects of patient care.

C. The CRCC facility shall have a dietary manager who is responsible for:

1. planning menus that meet the nutritional needs of each patient, following the orders of the patient's physician and, to the extent medically possible, the recommended dietary allowances of the Food and Nutrition Board of the National Academy of Sciences. There shall be a current therapeutic diet manual approved by the dietician and medical staff, and readily available to all medical, nursing, and food service personnel, which shall be the guide used for ordering and serving diets;

2. supervising the meal preparation and service to ensure that the menu plan is followed.

D. The CRCC facility shall:

1. serve at least three meals or their equivalent each day at regular intervals with not more that 14 hours between a substantial evening meal and breakfast;

2. include adequate nutritional services to meet the patient's dietary needs and food preferences, including the availability of frequent, small, or mechanically-altered meals 24 hours a day;

3. be designed and equipped to procure, store, prepare, distribute, and serve all food under the requirements of Part XXIII (Retail Food Establishments) of the Louisiana State Sanitary Code (LAC 51:XXIII); and

4. provide a nourishment station which contains equipment to be used between scheduled meals such as a warming device, refrigerator, storage cabinets and counter space. There shall be provision made for the use of small appliances and storage. This area shall be available for use by the patient, the patient's family, volunteers, guests and staff.

E. Sanitary Conditions

1. Food shall be free from spoilage, filth, or other contamination and shall be safe for human consumption.

2. All food provided by the CRCC shall be procured from sources that comply with all laws and regulations related to food and food labeling.

3. All food shall be stored, prepared, distributed and served under sanitary conditions to prevent food borne illness. This includes keeping all readily perishable food and drink at or below 41ºF, except when being prepared and served. Refrigerator temperatures shall be maintained at 41ºF or below; freezers at 0ºF or below.

4. Hot foods shall leave the kitchen or steam table at or above 140ºF. In-room delivery temperatures shall be maintained at 120ºF or above for hot foods and 50ºF or below for cold items. Food shall be covered during transportation and in a manner that protects it from contamination while maintaining required temperatures.

5. All equipment and utensils used in the preparation and serving of food shall be properly cleansed, sanitized and stored. This includes maintaining a water temperature in dish washing machines at 140ºF during the wash cycle (or according to the manufacturer's specifications or instructions) and 180ºF for the final rinse. Low temperature machines shall maintain a water temperature of 120ºF with 50 ppm (parts per million) of hypochlorite (household bleach) on dish surfaces. For manual washing in a three-compartment sink, a wash water temperature of 75ºF with 50 ppm of hypochlorite or equivalent or 12.5 ppm of iodine; or a hot water immersion at 171ºF for at least 30 seconds shall be maintained. An approved lavatory shall be convenient and equipped with hot and cold water tempered by means of a mixing valve or combination faucet for dietary services staff use. Any self-closing, slow-closing, or metering faucet shall be designed to provide a flow of water for at least 15 seconds without the need to reactivate the faucet.

6. No staff, including dietary staff, shall store personal items within the food preparation and storage areas.

7. Dietary staff shall use good hygienic practices. Staff with communicable diseases or infected skin lesions shall not have contact with food if that contact may transmit the disease.

8. Toxic items such as insecticides, detergents, polishes and the like shall be properly stored, labeled and used.

9. Garbage and refuse shall be kept in durable, easily cleanable, insect and rodent-proof containers that do not leak and do not absorb liquids. Containers used in food preparation and utensil washing areas shall be kept covered after they are filled.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:458 (February 2005).

Subchapter E. Administration

§8089. Agency Operations

A. Premises (see definition of *CRCC premises*)

1. The CRCC must have a distinct telephone number. If the telephone number is shared with other health care related agencies, the telephone operator(s) shall demonstrate knowledge and ability to distinguish and direct calls to the appropriate persons. If an answering service is used after normal hours, there shall be evidence of distinct CRCC staff and the answering service should be able to direct calls to the appropriate persons for each service. Staff shall be able to distinguish and describe the scope and delineation of all activities being provided by the CRCC.

2. Staff working areas shall be designed so that when planning for services, patient confidentiality is maintained.

3. The CRCC shall not share office space with a non-health care related entity. When office space is shared with another health care related entity, the CRCC shall operate separate and apart.

B. Hours of Operation

1. CRCC provides medical and nursing services 24 hours a day, seven days per week. In addition the facility shall ensure staff availability to assess and meet changing patient/family needs, provide instruction and support, and conduct additional assessment or treatment, 24 hours a day, seven days per week.

2. If the CRCC has no inpatients, there still shall be an RN on call at all times.

C. All policies and procedures:

1. shall be written, current, and annually reviewed by appropriate personnel;

2. shall contain policies and procedures specific to agency addressing personnel standards and qualifications, personnel records, agency operations, emergency procedures, patient care standards, patient rights and responsibilities, problem and complaint resolution, purpose and goals of operation, the defined service area, emergency/disaster procedures, as well as regulatory and compliance issues; and

3. shall meet or exceed requirements of the licensing standards and all applicable federal, state, and local laws.

D. Operational Requirements

1. CRCC's responsibility to the community:

a. shall not accept orders to assess or admit from any source other than a licensed physician or authorized physician representative (e.g., hospital discharge planner);

b. shall use only factual information in advertising;

c. shall not participate in solicitation;

d. shall not accept as a patient any person who does not have a diagnosis of a life-limiting illness and meet the age requirements;

e. shall develop policies/procedures for patients with no or limited payor source;

f. shall have policies and procedures and a written plan for emergency operations in case of disaster;

g. is prohibited from harassing or coercing a prospective patient or staff member to use a specific facility or to change to another CRCC;

h. shall have policies and procedures for post-mortem care in compliance with all applicable federal, state, and local laws;

i. may participate as community educators in community/health fairs; and

j. may provide free non-invasive diagnostic tests, such as blood pressure screening.

2. CRCC's responsibility to the patient shall include, but is not limited to:

a. being in compliance with licensing standards and all applicable federal, state, and local laws at all times;

b. acting as the patient advocate in medical decisions affecting the patient;

c. protecting the patient from unsafe skilled and unskilled practices;

d. protecting the patient from being harassed, bribed, and or any form of mistreatment by an employee or volunteer of the agency;

e. providing patient information on the patient's rights and responsibilities;

f. providing information on advanced directives in compliance with all applicable federal, state, and local laws;

g. protecting and assuring that patient's rights are not violated;

h. encouraging the patient/family to participate in developing the POC and provision of services;

i. making appropriate referrals for family members outside the CRCC's service area for bereavement follow-up.

3. Responsibility of the CRCC to the staff shall include, but is not limited to:

a. providing a safe working environment;

b. having safety and emergency preparedness programs that conform with federal, state, and local requirements and that include:

i. a plan for reporting, monitoring, and follow-up on all accidents, injuries, and safety hazards;

ii. documentation of all reports, monitoring activity, and follow-up actions, education for patient/family, care givers, employees and volunteers on the safe use of medical equipment;

iii. evidence that equipment maintenance and safety requirements have been met;

iv. policies and procedures for storing, accessing, and distributing abusable drugs, supplies and equipment;

v. a safe and sanitary system for identifying, handling, and disposing of potentially infectious biomedical wastes; and

vi. a policy regarding use of smoking materials in all care settings;

c. have policies which encourage realistic performance expectations;

d. provide adequate time on schedule for required travel;

e. provide adequate information, in-service training, supplies, and other support for all employees to perform to the best of their ability; and

f. provide in-service training to promote effective, quality CRCC care.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:459 (February 2005).

§8091. Contract Services

A. The administrator and the DON shall be direct employees of the CRCC.

B. Whenever services are provided by an outside agency or individual, a legally binding written agreement shall be effected. The legally binding written agreement shall include at least the following items:

1. identification of the services to be provided;

2. a stipulation that services shall be provided only with the express authorization of the CRCC;

3. the manner in which the contracted services are coordinated, supervised, evaluated by the CRCC;

4. the delineation of the role(s) of the CRCC and the contractor in the admission process, patient/family assessment, and the IDT conferences;

5. requirements for documenting that services are furnished in accordance with the agreement;

6. the qualifications of the personnel providing the services;

7. assurance that the personnel contracted complete the clinical record in the same timely manner as required by the staff personnel of the CRCC;

8. payment fees and terms; and

9. statement that the CRCC retains responsibility for appropriate training of the personnel who provide care under the agreement.

C. The CRCC shall document review of contracts on an annual basis.

D. The CRCC shall coordinate services with contract personnel to assure continuity of patient care.

E. CRCC shall maintain professional management responsibilities for those services and ensures that they are furnished in a safe and effective manner by qualified persons and in accordance with the patient's POC.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:460 (February 2005).

§8093. Quality Assurance

A. The CRCC shall have an on-going comprehensive, integrated, self-assessment quality improvement process which provides assurance that patient care is provided at all times in compliance with accepted standards of professional practice.

B. The CRCC shall have written plans, policies and procedures addressing quality assurance.

C. The CRCC shall monitor and evaluate its resource allocation regularly to identify and resolve problems with the utilization of its services, facilities and personnel.

D. The CRCC shall follow a written plan for continually assessing and improving all aspects of operations which include:

1. goals and objectives;
2. the identity of the person responsible for the program;
3. a system to ensure systematic, objective regular reports are prepared and distributed to the governing body and any other committees as directed by the governing body;
4. the method for evaluating the quality and the appropriateness of care;
5. a method for resolving identified problems; and
6. a method for implementing practices to improve the quality of patient care.

E. The plan shall be reviewed at least annually and revised as appropriate by the governing body.

F. Quality assessment and improvement activities shall be based on the systematic collection, review, and evaluation of data which, at a minimum, includes:

1. services provided by professional and volunteer staff;
2. audits of patient charts;
3. reports from staff, volunteers, and clients about services;
4. concerns or suggestions for improvement in services;
5. organizational review of the CRCC program;
6. patient/family evaluations of care; and
7. high-risk, high volume and problem-prone activities.

G. When problems are identified in the provision of CRCC care, there shall be evidence of corrective actions, including ongoing monitoring, revisions of policies and procedures, educational intervention and changes in the provision of services.

H. The effectiveness of actions taken to improve services or correct identified problems shall be evaluated.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:460 (February 2005).

§8095. Cessation of Business

A. If at any time the agency is no longer operational, the license shall be deemed to be invalid and shall be returned to DHH within five working days.

B. The agency owner shall be responsible for notifying DHH of the location of all records and a contact person.

C. In order to be operational, an agency shall:

1. have had at least 10 new patients admitted since the last annual survey;
2. be able to accept referrals at any time;
3. have adequate staff to meet the needs of their current patients;
4. have required designated staff on the premises at all times during operation;
5. be immediately available by telecommunications 24 hours per day. A registered nurse shall answer calls from patients and other medical personnel after hours; and
6. be open for the business of providing CRCC services to those who need assistance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2175.14(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:461 (February 2005).

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